IFU 2664

Attorney Docket No.: **O2-00.17**



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Thereby certify that this transmittal of the below described document is being deposited with the United States Postar Service in an envelope bearing First Class Postage and addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313 1480, on the below date of deposit.

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Date of
Deposit:

10/01/2004 Na

Name of Person Making the Deposit:

David Castro

Signature of the Person Making the Deposit:

First Named Inventor:

CHAN

Serial No.:

09/921,171

Filed:

08/02/2001

For:

Low Power Digital Audio Decoding/Playing System for Computing Devices

NOTIFICATION OF LOSS OF ENTITLEMENT TO SMALL ENTITY STATUS (37 C.F.R. § 1.27(g)(2))

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

ITEMIZATION AND PAYMENT OF ANY DEFICIENCY UNDER 37 C.F.R. § 1.28(c)

LOSS OF STATUS AS A SMALL ENTITY

- 1. On <u>08/02/2001</u>, a small entity assertion was made in this
 - [X] application
 - [] patent
- 2. This assertion of small entity status and any payment of fee(s) as a small entity were made in good faith.
- 3. The Office is hereby notified that status as a small entity is no longer claimed.

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ITEMIZATION OF THE FEE(S) PAID AS SMALL ENTITY AFTER LOSS OF ENTITLEMENT AS SMALL ENTITY AND OF THE DEFICIENCY (37 C.F.R. § 1.28 (c))

5. [] No	Fees have	been paid	as a small entity.
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- [X] Fees paid as small entity but there is no deficiency.
- [] The Deficiency Under 37 C.F.R. § 1.28 (c) has been calculated as shown below:

*A Type of Fee Erroneously Paid As A Small Entity	Date Paid As A Small Entity	*B Current Fee For A Non-Small Entity (Column 1)	Fee Actually Paid As A Small Entity (Column 2)	*C Deficiency Owed
		,		
				·
				
	<u> </u>			
	-			
Total Deficiency	· · · · · · · · · · · · · · · · · · ·			

*A.	Examples:	Filing Fee,	Fee For	Excess	Claims,	Extension of	f Time Fee,	Issue Fee,	Maintenance
	Fee, etc.								

*B. On the date the Deficiency is paid in full.

*C. Enter: Column 1 – Column 2, if (Column 1 – Column 2) is greater than Column 2.

or

Enter: Column 2, if (Column 1 – Column 2) is less than Column 2.

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PAYMENT OF DEFICIENCY

6. [)	(No De	ficiency Is Owed.					
[]	Tr	ne tota	al deficiency owed is paid as follows:					
[X]		x]	The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085. A <u>duplicate copy</u> of this authorization is enclosed.					
	[]	A check in the amount of \$					
	[]	Charge any fees required or credit any overpayments associated with this filing to Deposit Account No.: 23-0085.					
followi			direct all correspondence concerning the above-identified application/patent to the ss:					
			WAGNER, MURABITO & HAO LLP Two North Market Street, Third Floor San Jose, California 95113 (408) 938-9060 Customer No.: 41066					
			Respectfully submitted,					
Date: ₋			James P. Hao Reg. No.: 36,398					